name of hydrorrhœa which are of certainly different natures, and include the flow of fluids of a very different aspect, nature, and origin from amniotic fluid. In some cases, there is a rupture of the membranes from injury or severe contraction, chiefly occurring during the night. This form of rupture is usually followed by labour from six to nine weeks afterwards. The discharge in these cases should be called hydramniorrhœa. When the liquid which escapes presents somewhat of the character of the amniotic fluid and the flow is reproduced at regular intervals, and the pregnancy continues its regular course, the case is probably one of true hydrorrhœa; that is to say, a flow of serous fluid secreted by the maternal vessels and the external surface of the ovum. This is the theory of Naegelé. Exceptionally, the possibility may be admitted of a fluid furnished by an accidental cyst, by a twin ovum of which the product has been dissolved, or by the uterine glands of the cervix, true catarrh of the cervix. Finally, cases may be diagnosed which may be confounded with these, and are not the least important; that is to say, cases of incontinence of urine, or of vesico-vaginal fistula, and cases in which the fluid may come from the vulvar glands. The mistake of confounding the flow with escape of urine has, especially, often been committed. The following case observed by Magail deserves to be related as an example. A woman, in her first pregnancy, several times had watery discharges; she was, however, delivered at full term of a living child, and the hydrorrhœa continued after pregnancy. In the second pregnancy the flow did not cease, and it was verified by several physicians whom she consulted. M. Depaul himself treated her for chronic affection of the uterus, and discovered only after several weeks of treatment that the fluid was furnished by the bladder. There was not, however, any vesico-vaginal fistula, but the anterior wall of the vagina was relaxed and ruptured on the middle of the vulva. There was a vaginal cystocele, with depression of the uterus. M. Magail relieved the infirmity by raising the uterus with the aid of tampons immersed in astringent fluid.—*London Medical Record*, March 15, 1882.

Syphilis in Pregnancy and its Effects on the Offspring.

In this paper, Prof. VON HECKER, of Munich, gives an account of 173 cases of childbirth in connection with syphilis (*Wiener Medizin. Blätter*, 1881, No. 37). The cases are divided into four groups. The first includes cases, 81 in number, in which the mother at the time of her confinement was suffering from active syphilis which had not been treated. Broad condylomata about the anus and on the labia, or ulcers of the fossa navicularis, were usually present, but general signs of syphilis were very rarely found. Of these children, 46 were born at term; 35 were premature or stillborn; 46 children were free from signs of syphilis at birth, and remained so during their stay in the lying-in hospital. On the other hand, 25 children were born in a macerated condition, without any syphilitic lesions of the internal organs. The placenta, however, was frequently increased in weight. In seven cases the children showed specific lesions, such as pemphigus, or syphiloma of the internal organs; while in three, death was ascribed to non-syphilitic causes.—Group 2 comprises cases in which the mother's syphilis had been treated, usually in hospital, for a shorter or longer period. In the 32 cases of this kind, a similar effect was produced on the offspring as in group 1; 14 children were born at term, and 18 prematurely; 11 were quite healthy; 9 dead and rotten; 4 bore signs of syphilis; and 8 were weakly, but not specially diseased.—Group 3 contains 7 cases of old syphilis; 2 of the children were born healthy; 4 with signs of syphilis; and 1 was in a weakly condition.—Group 4 consists of 53 cases in which, in spite of the most careful examination, no trace of syphilis was discovered in the mother. Consequently, in the opinion of the author, the children derived syphilis from the fathers. The 53 births produced 55 children (two being cases of twins). The fœtuses only reached maturity in very rare instances, and the majority were much below the normal weight. Thus, 23 weighed between 4 and 5 pounds, and 48 between 3 and 6 pounds. Only 2 were born in a state of maceration. But 18 were born dead; 12 died within twelve hours after birth; and 16 during the eleven following days, leaving only 9 who survived. Pemphigus was noticed 41 times, and in most cases was present at birth. Affections of the lungs were observed in 31 cases, under the form of white lobular pneumonia in 18, and of syphiloma in 14. Abscess of the thymus was noted 16 times; and syphilitic disease of the liver 14 times, always in the form described by von Barensprung. In 12 cases there was induration of the pancreas, which was considerably enlarged, and of cartilaginous hardness. Section of the organ was difficult, and was attended by a grating sound, similar to that produced in cutting through scirrhus. The spleen was enlarged in 10 cases; the suprarenal bodies were indurated in 8; the brain was affected in 3; and peritonitis was found in 3 cases. These facts support the author's opinion that, in most cases of inherited syphilis of the internal organs, the father is the source of the disease.—*Lond. Med. Record*, Jan. 15, 1882.

On the Menstrual Wave.

From an interesting paper on this point, Dr. WM. STEPHENSON concludes:—

1. That the menstrual life is associated with a well-marked wave of vital energy which manifests itself in the temperature of the body, in the daily amount of excretion of urea, and to a slighter extent in the pulse rate.

2. That the cycle of changes takes a true wave form, divisible as to time into two nearly equal parts, the one below, the other above, the average for the whole period.

3. That the length of this wave varies in different individuals, and may vary also in the same person. The urea wave and the temperature wave are equal in length in the same case.

4. That menstruation does not correspond with the apex (or "climax") of the waves, but occurs five or six days after the decline has begun. It is probable that normally it occurs when the temperature curve reaches the mean; this was the case in nine out of ten menstruations. The flow or evacuation cannot be regarded as the cause of the decline.

5. That the temperature wave is the most uniform and gradual in its rise and fall. In the urea curve, the transition to elevation takes place more quickly, even suddenly; in one case it rose in twenty-four hours from —15 to +15 per cent.

6. That the temperature wave and urea wave are independent of each other; for whilst in one case they are exactly synchronous, in the other, the urea wave is four days in advance of the temperature wave.

7. That whilst the pulse wave is not so marked in character, it also shows a decided influence; it is depressed after menstruation, and manifests a distinct rise some days before the next period.

8. In all the waves there are evidences of secondary waves. This is seen in the temperature just after the rise above the mean, and the explanation of the irregularity in certain cases may be that this secondary wave is separated from the primary, and stands out more distinctly. The sudden elevation which characterizes the urea wave may be due to the influence of two waves. From a different analysis of the pulse curve, he is inclined to believe that it has an independent wave of from five to six days' duration, and on this wave is superimposed the menstrual wave which causes the depression and elevation already noticed.—*Amer. Journ. of Obstet.*, April, 1882.